

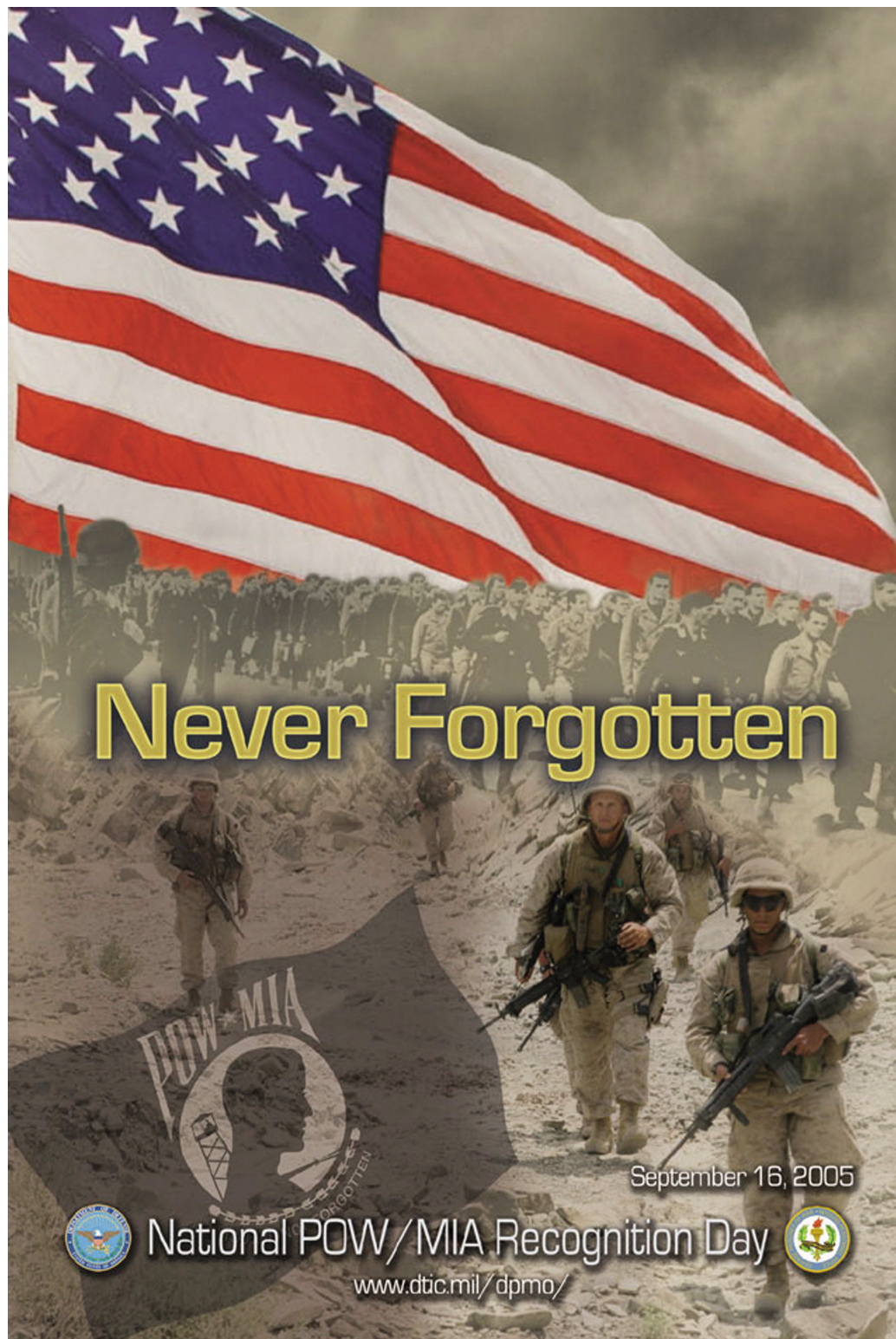
Veterans Bulletin

Georgia Department of Veterans Service

Sonny Perdue
Governor

Pete Wheeler
Commissioner

Georgia Veterans...guardians of liberty
Summer 2005



Georgia Never Forgets... POW/MIA Day Observances

Marine Corps Logistic Base, Albany
Friday, September 9

Ft. McPherson, Atlanta
Wednesday, September 14

Augusta VAMC & Ft. Gordon, Augusta
Thursday, September 15

Atlanta VAMC/VARO
Monday, September 19

Moody AFB/Valdosta
Friday, September 16

Dublin VAMC
Friday, September 16

Warner Robins AFB
Friday, September 16

Dobbins AFB/NAS Atlanta
Marines MAG 42
Friday, September 23

Georgia's Ex-POWS and MIAs

World War I
67 ex-POWs
54 unaccounted for

World War II
652 ex POWs
364 unaccounted for

Korean War
97 ex POWs
174 unaccounted for

Vietnam War
21 ex Pows
35 unaccounted for

Persian Gulf War
2 ex Pows

Operation Iraqi Freedom
1 ex Pow

The History of the POW/MIA Flag

In 1971, Mrs. Michael Hoff, an MIA wife and member of the National League of Families, recognized the need for a symbol of our POW/MIAs. Prompted by an article in the Jacksonville, Florida Times-Union, Mrs. Hoff contacted Norman Rivkees, Vice President of Annin & Company which had made a banner for the newest member of the United Nations, the People's Republic of China, as a part of their policy to provide flags to all United Nations members states. Mrs. Hoff found Mr. Rivkees very sympathetic to the POW/MIA issue, and he, along with Annin's advertising agency, designed a flag to represent our missing men.

Following League approval, the flags were manufactured for distribution.

On March 9, 1989, an official League flag, which flew over the White House on 1988 National POW/MIA Recognition Day, was installed in the U.S. Capitol Rotunda as a result of legislation passed overwhelmingly during the 100th Congress. In a demonstration of bipartisan Congressional support, the leadership of both Houses hosted the installation ceremony.

The League's POW/MIA flag is the only flag ever displayed in the U.S. Capitol Rotunda where it

will stand as a powerful symbol of national commitment to America's POW/MIAs until the fullest possible accounting has been achieved for U.S. personnel still missing and unaccounted for from the Vietnam War.



On August 10, 1990, the 101st Congress passed U.S. Public Law 101-355, which recognized the League's POW/MIA flag and designated it *"as the symbol of our Nation's concern and commitment to resolving as fully as possible the fates of Americans still prisoner, missing and unaccounted for in Southeast Asia, thus ending the uncertainty for their families and the Nation"*.

The importance of the League's POW/MIA flag lies in its continued visibility, a constant reminder of the plight of America's POW/MIAs. Other than "Old Glory", the League's POW/MIA flag is the only flag ever to fly over the White House, having been displayed in this place of honor on National POW/MIA Recognition Day since 1982. Passage by the 105th Congress of Section 1082 of the 1998 Defense Authorization Act requires that the League's POW/MIA flag fly six days each year: Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day and Veterans Day. It must be displayed at the White House, the U.S. Capitol, the Departments of State, Defense and Veterans Affairs, headquarters of the Selective Service System, major military installations as designated by the Secretary of the Defense, all Federal cemeteries and all offices of the U.S. Postal Service. By law passed in 2002, it must fly year-round at the National Vietnam Veterans Memorial, the Korean War Veterans Memorial and the World War II Memorial.

National POW/MIA Recognition Day provides a visual opportunity to honor the unique service of America's ex-Prisoners of War and those still unaccounted for and to support their families who have endured far too many years without answers. It is also a meaningful way to signal those currently serving that our nation stands fully behind them and if captured or missing, we will take every reasonable action to return them, alive or dead, to their country and family.

National League of POW/MIA Families

1005 North Glebe Road
Suite 170

Arlington, VA 22201

Phone: 703-465-7432 Fax: 703-765-7433

www.pow-miafamilies.org

DoD Releases Study on Link Between Agent Orange and Diabetes

DefenseLink.mil
July 8

The Department of Defense released the latest report of the Air Force Health Study on the health effects of exposure to herbicides in Vietnam, which includes the strongest evidence to date that Agent Orange is associated with adult-onset diabetes. This supports the findings from earlier reports in 1992 and 1997.

The Air Force Health Study summarizes the results of the 2002 physical examination of 1,951 veterans, which is the final examination of the 20-year epidemiological study.

The Ranch Hand Study was named after the operation responsible for spraying herbicides in Vietnam between 1962 and 1971 to deny cover and destroy crops of the North Vietnamese Army.

Since the first examination in 1982, the Air Force has tried to determine whether long-term health effects exist in the Ranch Hand pilots and ground crews, and if these effects can be attributed to the herbicides used in Vietnam, mainly Agent Orange and its contaminant, dioxin.

The report, along with many other studies on herbicide and dioxin exposure, will be reviewed by the National Academy of Sciences. Based upon this review, the Secretary of Veterans Affairs can ask Congress for legislation on disability compensation and health care.

Results from the 2002 physical examination support adult-onset diabetes as the most important health problem seen in the Air Force Health Study. They suggest that as dioxin levels increase, not

only are the presence and severity of adult-onset diabetes increased, but the time to onset of the disease is decreased.

A 166 percent increase in diabetes requiring insulin control was seen in those with the highest levels of dioxin. This is consistent with the strong evidence found in animal studies.

Cardiovascular disease findings were not consistent, but separate studies have found an increased risk of cardiovascular death in Ranch Hand enlisted ground crews, the subgroup with the highest average serum dioxin.

Overall, Ranch Hand pilots and ground crews examined in 2002 had not experienced a statistically significant increase in heart disease relative to the comparison group. Associations between measures of cardiac function and history of heart diseases and herbicide or dioxin exposure were not consistent or clinically interpretable as adverse.

Other findings included an increase in the frequency of reported acne after service in Southeast Asia in Ranch Hand enlisted ground crew members, but the lack of corresponding patterns of skin lesions observed at the physical examination rendered this finding difficult to interpret.

Finally, several blood tests regarding liver function and blood lipids were elevated and did tend to increase with dioxin level.

However, these tests may be elevated for many reasons, do not constitute a disease by themselves and cannot be explained by other findings in the study.

At the end of the 20 years of follow-up, Ranch Hand pilots and

ground crews as a group exhibited no statistically significant increase in the risk of cancer relative to comparisons. Differences by military occupation were inconsistent.

Most importantly, the Ranch Hand enlisted ground crews, the subgroup with the highest dioxin levels and presumably the greatest herbicide exposure, exhibited a 14 percent decreased risk of cancer.

These results do not suggest that herbicides or dioxin exposure are related to cancer in these veterans.

The report emphasizes three major limitations to the study. First, the results cannot be generalized to other groups, such as all Vietnam veterans or Vietnamese civilians, which have been exposed in different ways and to different levels of herbicide. Second, the size of the study makes it difficult to detect increases in rare diseases, thus small increases in rare diseases may be missed by the study. Third, other variables that were not considered in this report could be confounding factors influencing the results.

The report is available on the Air Force Health Study Web site at: <http://www.brooks.af.mil/AFRL/HED/hedb/default.html>.

Please Note

The address and phone number of the VA Community Based Outpatient Clinic in Valdosta found on page 7 of the **Spring 2005 Veterans Bulletin** was incorrect. The correct information is:

2841 North Patterson

Valdosta, GA 31602

Phone: 229-293-0132

We sincerely apologize for any inconvenience.

Commissioner Wheeler Addresses Veteran State Convention Delegates



AMVETS, Columbus - June 4

During the month of June, Commissioner Wheeler participated in the opening ceremonies of four Georgia veteran service organizations' annual state conventions.

"I always consider it an honor to be in the presence of men and women who love the United States of America, our flag, and all it stands for and represents, and who appreciate living in the greatest country in the world," Commissioner

would begin his remarks. **"I appreciate very much the opportunity to be with you and I want each of you to know how much I appreciate and value your many years of friendship."**

The Commissioner's remarks focused on the veteran's contribution to freedom and other topics of interest that affect Georgia's veterans, that included the significance of the 60th anniversary of the end to World



VFW, Macon - June 17

War II; the 30th anniversary marking the termination of the



DAV, Augusta - June 11

Vietnam War; the deployment of the Georgia National Guard's 48th Brigade; and Georgia's veteran's cemeteries.



American Legion, Jekyll Island - June 24

Commissioner Participates in Atlanta VA Medical Center Hallway Dedication



"A Patriotic Tribute to all American Veterans"

(Naming the Medical Center Hallways in honor of the Wars/
Conflicts of the 20th Century)

Monday, July 11, 2005

VAMC Atrium

A "Team Atlanta" 2004 VA Leadership Development Project

Extended Licenses for Veterans

*Georgia Department of Driver Services
July 1, 2005*

Georgia veterans will soon be getting an extra thank you from the newly reorganized Department of Driver Services (DDS). Veterans, and their qualified survivors, who maintain a Georgia driver's license will now receive an extended driver's license — valid until age 65 and at no charge. Veterans, and qualified survivors, that maintain Georgia Identification Cards will be offered new cards, valid for 10 years, at no charge.

DDS began mailing renewal applications in late June directly to those veterans/survivors with valid driver's licenses or ID cards. The recipient must simply complete and mail the application back to the DDS. A replacement license

or ID card, reflecting the new and extended renewal period, will be mailed directly to the applicant at no charge. The replacement license will be valid until the recipient's 65th birthday. All Georgia drivers age 64 and older must pass an eye exam at a licensing facility every five years.

DDS estimates that there are 250,000 Georgians receiving a complimentary veterans' license or identification card.

Approximately 10,000 notices will be mailed each week — according to the current license or ID cards' expiration date. To qualify for a free license or ID requires the submission of a certificate of eligibility from the State Department of Veteran Service.

"We are hopeful that this small gesture will simplify the way Georgia veterans and their survivors deal with this important and mandatory procedure," said Greg Dozier, DDS Commissioner.

This new veteran benefit comes as the Agency finalizes procedures to increase the expiration date for all Georgia drivers to either five or ten years.

Drivers will have the option, beginning July 1st, to choose a five-year license or ID (\$20) or a ten-year license or ID (\$35).

The extended renewal periods are one of several customer service initiatives that will be vital in helping improve the efficiency of the driver's licensing process.

For more information visit www.dds.ga.gov.

Retirees' Statements Now Include Combat Related Special Compensation Information

*National Veterans Affairs and Rehab Commission
July 2005*

The Defense and Finance and Accounting Service have begun electronic delivery of Combat Related Special Compensation (CRSC) account statements for military retirees.

For those retirees who qualify to receive CRSC, the statements became available on a monthly basis starting July 1, 2005 on the DFAS online pay account site at <https://mypay.dfas.mil>.

The account statements provide detailed information regarding continuing monthly CRSC payments, including disability ratings, unemployability, Purple Heart indicators as well as other entitlement data.

Retirees may continue to contact the Retired and Annuitant Contact Center by phone at 1-800-321-1080, but DFAS officials say the statement should answer most, if not all questions regarding computation of CRSC payments. Officials note that the monthly payments will only contain data concerning a retiree's continuing monthly payment; details about retroactive payments will be available through myPay at the end of the year.

The CRSC monthly statement will only be available through my myPay Web site, officials said.

The Web-based myPay system delivers personal pay information and provides the ability to process pay-related transactions timely, safely and securely for all its members. The online system eliminates the risks associated with hard-copy documents by allowing members to access their electronic 1099R, Retiree Account Statement (RAS) and other financial information.

Individuals who don't yet have a myPay account can call DFAS at 1-800-390-2348 to get a Personal Identification Number (PIN) for an account, officials said. Those who already have a myPay PIN, but have forgotten their number, can call the same number to have their PIN reissued.

DFAS continues to process all CRSC payments as quickly as possible. While complicated cases that require special processing require somewhat longer, the majority of payments are being processed within 60 days.

Depression or Just a Case of the Blues?



excited only serves to emphasize the pain of one who is clinically depressed.

Depression, which is particularly prevalent among older Americans, is a medical condition caused by an imbalance of brain chemicals called neurotransmitters. But, depression is not a normal part of the aging process. Rather, many things, including certain medications, chronic or degenerative medical conditions, changes in living conditions or the loss of loved ones can trigger it. It has been shown to be associated with other common medical disorders such as migraine headaches, diabetes, obesity and chronic pain. Excessive use of alcohol or use of illicit drugs can also result in depression or symptoms commonly associated with depression, such as sleep disturbances, fatigue and poor concentration.

Common symptoms of depression can range from losing interest in people and activities to experiencing unexplained aches and pains over long periods of time. Depression can cause indecisiveness, difficulty concentrating or with memory, withdrawal from family and friends, weight changes, fatigue, mild digestive problems and/or a generalized dissatisfaction with life. In addition, persons with depression can feel that life is not worth living or contemplate suicide, which requires immediate attention by a doctor or nurse.

But it is important to distinguish these symptoms from the onset of dementia. Whereas most elderly persons worry aloud about their loss of memory and may become depressed about it, people in the early stages of dementia may try to hide their memory lapses or become irritable to disguise them. A depressed person may have trouble concentrating on a simple task, but a sufferer of dementia may forget how to do the task (i.e., use common household objects like hair brushes).

Effective Treatments for Depression

The good news for those who suffer from depression is that, once identified, it is highly treatable. Through medication and/or a type of counseling called cognitive therapy (changing the way in which a person perceives his/her life), most people are able to recover and to rediscover joy and purpose in their lives.

There are many types of medication available today; the most commonly prescribed for depression are Selective Serotonin Reuptake Inhibitors (SSRI's) such as paroxetine, sertraline, fluoxetine or citalopram. It takes between 4-8 weeks for these drugs to provide relief and they must be taken regularly for 6-9 months to provide long-term benefits.

Once the medication is started, cognitive therapy (either individual or group) is recommended to help identify and correct negative patterns of thinking that contribute to depression. These patterns may range from harboring unrealistic expectations to predicting the worst outcome to every situation.

Professional counselors also advise patients to increase their contact with friends and family, to engage in activities to benefit others (i.e., community service, charity work, etc.), to begin a physical fitness program and to renew their spiritual commitments.

Barriers to Treatment

Studies show that only about 20-30% of all persons suffering from depression get adequate treatment. The major barriers to getting treatment for serious mental illness include:

- Belief that he/she should be able to handle the problem without treatment (40%),
- Unawareness of where to go for services (23%)
- Stigma of mental illness (22%)
- Belief that treatment would not help (10%)

Every VA Medical Center and Community Based Outpatient Clinic in the VA Southeast Network provides screening for depression annually, as well as during physicals and intakes for new patients. However, if you or someone you know has symptoms of depression, please bring it to the attention of the provider immediately. There is help for this illness and ongoing suffering is unnecessary.

COULD YOU BE DEPRESSED?

The following questions are excerpts from the Geriatric Depression Scale (GDS).

- 1) Have you dropped many of your activities and interests?
- 2) Are you bothered by thoughts you can't get out of your head?
- 3) Do you frequently get upset over little things?
- 4) Do you think that most people are better off than you are?
- 5) Are you hopeful about the future?
- 6) Do you enjoy getting up in the morning?

No matter what your age, if you answered "yes" to any of the first four questions, or "no" to numbers 5 and 6, you are at risk of having clinical depression and should report this to your doctor as soon as possible.

VA Programs for Veterans with Post-Traumatic Stress Disorder (PTSD)

VA Fact Sheet, December 2004

Post-Traumatic Stress Disorder (PTSD) is an ailment resulting from exposure to an extreme stress involving direct or indirect threat of death, serious injury or a physical threat. The trauma may be experienced alone, as in rape or assault, or in the company of others, as in military combat.

The events that can cause PTSD are called "stressors." They include natural disasters (floods, earthquakes), accidents (car accidents, airplane crashes, large fires) or deliberate man-made disasters (bombing, torture, death camps).

Symptoms include recurrent thoughts of a traumatic event, reduced involvement in work or outside interests, hyper alertness, anxiety and irritability. The disorder apparently is more severe and longer lasting when the stress is of human design.

In 2003, More than 185,000 veterans were listed by the Department of Veterans Affairs as having PTSD as a service-connected disability.

Vet Centers

VA readjustment counseling is provided through 206 community-based Vet Centers in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam. Vet Centers are located outside of medical facilities, often in shopping malls and other community settings.

The Vet Center mission features a mix of direct counseling and help accessing other programs, such as psychological counseling for veterans exposed to war trauma or who were sexually assaulted during military service, family counseling, community outreach and education, and extensive social services and referral activities to help veterans improve their social and economic prospects after the military.

Vet Centers are staffed by interdisciplinary teams that include psychologists, nurses and social workers. Vet Center teams reflect ethnic and gender diversity and include many veterans, most having served in a combat theater of operations.

Eligibility for Vet Center services includes all Vietnam theater veterans, other Vietnam era veterans who accessed Vet Center care prior to January 1, 2004, and any other veteran who served in any war, armed conflict or peace keeping mission. Eligibility for sexual trauma counseling at Vet Centers is open to any veteran regardless of period of service.

In 2003, Vet Centers saw approximately 130,000 veterans and provided over 990,000 visits to veterans and family members. For many veterans who would not otherwise receive VA assistance, the Vet Centers make more than 100,000 referrals a year to VA medical facilities and another 120,000 referrals annually to VA regional offices for disability compensation, pensions or other benefits. For the third consecutive year, 99 percent of veterans using Vet Centers reported being satisfied with services received.

VA Medical Center Programs

VA operates an internationally recognized network of more than 140 specialized programs for the treatment of PTSD through its medical centers and clinics. One notable program consists of PTSD clinical teams that provide outpatient treatment, working closely with other VA treatment programs, including Vet Centers and the community. In 2003, more than 77,800 veterans were treated for PTSD by VA specialists.

In addition to 97 PTSD clinical teams, VA operates five specialized inpatient units around the country, plus three brief-treatment units, 14 residential rehabilitation programs, and seven PTSD day hospitals. There also are five outpatient Women's Stress Disorder and Treatment Teams. A special focus in the program has included underserved and minority populations, such as African Americans, Hispanics and Native Americans. A specialized PTSD inpatient treatment unit serves women veterans at the Palo Alto, Calif., VA Medical Center's Menlo Park Division.

The Veterans Millennium Health Care and Benefits Act (Public Law 106-117) re-established the Under Secretary of Health's Special Committee on PTSD. The committee will assess VA's capacity to diagnose and treat PTSD and provide guidance on VA's education, research and benefits activities with regard to PTSD.

National PTSD Center

VA established the National Center for Post-Traumatic Stress Disorder in 1989, with a mandate to promote research into the causes and diagnosis of the disorder, to train health care and related personnel in diagnosis and treatment, and to serve as an information resource for professionals across the United States and, eventually, around the world. The center consists of seven divisions with distinct, but complementary responsibilities: behavioral science, women's health sciences, clinical neurosciences, education, evaluation, pacific islands ethno cultural and executive and resource center divisions.

The center is committed to approaching PTSD through a focus on research, education and consultation. These three threads weave the Center's work together in a way that brings science into practice and ensures that clinical concerns guide scientific priorities. The National Center has come to be viewed as a world leader in PTSD research. Current research at the center includes large-scale clinical trials, as well as studies on the epidemiology, diagnosis, psychobiology and treatment of PTSD.

Among its many educational programs, the center provides regular satellite broadcasts and publishes two newsletters, which highlight the latest developments in research and clinical practices for PTSD. The National Center also offers a monthly 5-day clinical training program free of charge to VA staff, and maintains a nationally recognized Web site (<http://www.ncptsd.org>) with information about trauma and PTSD. The Web site includes documents such as the Iraq War Clinician Guide to help clinicians diagnose and treat veterans returning from Operation Iraqi Freedom, and a bibliographic database of more than 21,000 articles. The National Center also provides consultation to clinicians, scientists and policy makers concerning treatment, research and education regarding PTSD.

Period	Veterans Being Compensated for PTSD	
	September 2004	September 1999
Pre-WWII	3	1
WWII	25,061	15,879
Korea	10,016	5,412
Vietnam	161,028	90,695
Gulf War	13,524	5,592
Peacetime	8,261	4,491
Total	217,893	122,070

VA Seeks Additional Funding for Vets

VA News Release
July 2005

In mid-July, the President submitted to Congress an amendment to the Administration's Fiscal Year 2006 budget requesting \$1.977 billion for higher-than-expected health care needs and to ensure that veterans continue to receive timely and high-quality health care.

In June, Secretary Nicholson informed Congress that an unanticipated growth in the number of patients using the VA health care system, as well as an increase in the cost per patient of providing this care, had created the need for additional funds in FY 2005 and FY 2006.

The Administration recently submitted a request for \$975 million in additional health care funds for FY 2005 and today's

budget amendment meets the 2006 needs.

"Veterans of every era can rest easy, knowing that access to what has been described as the finest integrated health care system in the country will remain undiminished—especially for low-income veterans, those with service-connected disabilities, special needs, or who have recently returned from combat. I particularly appreciate the help we have received from our colleagues in Congress, especially the Chairs of our Appropriations subcommittees, Chairwoman Kay Bailey Hutchison and Chairman James T. Walsh, and the Chairs of our Authorizing Committees, Senator Larry Craig and Congressman Steve Buyer, whose commitment to our veterans is so

strong and who understand so well the complexity of predicting the utilization rate of our VA health care system," said Nicholson.

The FY 2006 budget amendment is composed of:

- \$300 million to replenish carry-over funds to be expended in FY 2005 to cover the increase in average cost per patient;
- \$677 million to cover an estimated 2 percent increase in the number of patients expected to seek care in FY 2006;
- \$400 million increase in recognition of the expected cost of providing more costly treatment; and
- \$600 million to correct for the estimated cost of long term care.

Be Prepared for Your Next Doctor Visit

TRICARE Newsletter
Issue 4, 2005

The phrase "knowledge is power" is especially true when it comes to talking to your doctor. When you are informed about your medical and medication history, you and your doctor can make the best decisions about your health. One of the best ways to prepare for your appointment is to organize your medication and medical history. Here's how:

Personal medical history – Make sure important information such as allergies, emergency contacts(s), past and present medical conditions, etc., is current.

Personal medication history – Keep your medication history up to date and take it with you to discuss with your doctor. Remember to include any over-the-counter (OTC) and herbal medications you may be taking.

Help prevent problems – By sharing with your doctor your complete medical and medication profile, you help identify possible risks and concerns.

Learn about ways to save money – Discuss your pharmacy benefit with your doctor so that when prescribing a medication he or she can decide if there is a lower-priced generic or brand-name medication that will work for you.

More Tips on Communicating with Your Doctor

To help you accurately remember the information given to you by your physician, **write it down**. If your doctor uses complicated medical terms ask him or her to write them down and explain them in plain language. Before you leave the doctor's office, ask for further explanation about anything you do not understand.

If you feel all your questions were not answered, say so. You may even need to ask the doctor to call you later or book another appointment to make sure that your questions are answered to your satisfaction.

Whether you visit your doctor tomorrow or next month, make the most of your appointment. Share and discuss your medication and medical information with your doctor. It will help to keep you healthy and informed and will make sure your doctor knows all about your health.

Combat Veteran Fact Sheet

The Department of Veterans Affairs (VA) provides cost-free health care services and nursing home care for conditions possibly related to military service to veterans with combat service after November 11, 1998 for a period of 2 years beginning on the date of their separation from active military service.

Who's Eligible?

Veterans, including activated Reservists and National Guard members, are eligible if they served on active duty in a theatre of combat operations, during a period of war after the Gulf War or in a combat against a hostile force during a period of "hostilities" after November 11, 1998 and have been discharged under other than dishonorable conditions. Public Law 105-368 [Title 38 USC 1710(d) (D)] authorizes VA to provide combat veterans cost-free care for conditions potentially related to their combat service for up to two years following their discharge or release from active duty. These veterans will be enrolled into Enrollment Priority Group 6 if not otherwise qualified for a higher enrollment priority group assignment. VA provides full access to the Medical Benefits Package by virtue of this enrollment status. **Also, veterans who enroll with VA under this authority will retain enrollment eligibility even after their two-year post discharge periods ends under current enrollment policies.**

For those veterans who do not enroll with VA during this post two-year discharge period, eligibility for enrollment and subsequent care is based on other factors such as

compensable service connection rating, VA pension status catastrophic disability determination or the veteran's financial circumstances.

What's meant by "hostilities?"

"Hostilities" is defined as conflict in which Armed Forces members are subjected to the danger comparable to that faced in a period of war. For purposes of establishing this special eligibility VA accepts service documentation that reflects service in a combat theater, receipt of combat service medals and/or receipt of imminent danger or hostile fire pay or tax benefits.

Co Pays

Veterans who qualify under this special eligibility are not subject to copay requirements for conditions potentially related to their combat service. Unless otherwise exempted these veterans must either disclose their prior year household income or decline to provide their financial information and agree to make applicable co-payments for care or services VA determines are clearly unrelated to their military service.

This disclosure may provide additional benefits such as eligibility for travel reimbursement; cost-free medication and/or medical care for services unrelated to duty in the theater of combat operations.

The VA health care provider is responsible for determining if treatment is possibly related to the combat veteran's military service. In making this determination, the health care provider must consider that the following types of conditions are not ordinarily

considered to be due to military service: (1) Congenital or developmental condition, for example, scoliosis, (2) Conditions which are known to have existed before military service, and (3) Conditions have a specific and well-established cause and that began after military combat service.

Dental Care

Eligibility for VA dental benefits is based on very specific guidelines and differs significantly from eligibility requirements for medical care. Combat veterans may be authorized dental treatment as reasonably necessary for the one-time correction of dental conditions if:

- ❖ They served on active duty and were discharged or released from active duty under conditions other than dishonorable from a period of service not less than 90 days and
- ❖ The certificate of discharge, or release ***does not*** bear a certification that the veteran was provided, within the 90-day period immediately before the date of such discharge or release, complete dental examination (including dental X-rays) and all appropriate dental service and treatment indicated by the examination to be needed and
- ❖ Application for VA dental treatment is made within 90 days of discharge or release.

Additional information is available at the nearest VA medical facility. The telephone number can be found in the local telephone directory under the "U.S. Government" listings. Veterans can also call toll-free: 1-800-827-1000 or the Health Benefit Service Center at 1-877-222-8387.

Prayer Vigil for Georgia's Service Members and their Families

August 18, 2005, State Capitol

"We have vowed again and again that we will do all in our power to care for the families of our servicemembers while they are away. We reaffirm that promise today, to the families who have lost loved ones – and to all those still serving and their families. We are proud of all our Georgia troops serving in this global conflict. I ask all Georgians to join me in reaffirming our support for all our troops who are serving in harm's way, and for their families." – Governor Sonny Perdue



Thank You Services

PFC Patrick Walworth

48th Infantry Brigade (currently deployed in Iraq)

They leave their homes,
Their families, their lives, to start a new life,
Full of bloodshed and cries.
Soldiers, Sailors, Airmen, Marines,
These are the names of the men we send,
To fight and die in the most honorable way.
Fathers, Mothers, sisters and brothers
They are all starting new lives today.
Kill or be killed is the name of the game,
Hard for these men to even stay sane.
So far from home, fighting each day.
So we don't have to and we can stay.
Safe in our homes we sleep at night and
Don't have to worry about waking in a fire fight.
They lead each moment as it should be led,
Because who knows, with so many dead,
Next could be them, they must keep their dead,
Next could be them, they must keep their heads.
Always on alert and on the go,
constant fighting everyone stays low.
So I say to them, those courageous few
Thanks for your service and may God Bless you!



Prayer for our servicemembers

Colonel Bob Eldridge

Chaplain, U.S. Army Forces Command



Prayer for peace

Msgr. Paul Reynolds

Vicar General, Archdiocese of Atlanta



Prayer for political and military leaders

Dr. Gil Watson

Senior Pastor, Northside United Methodist Church



Prayer for families who have lost loved ones.

Rabbi Kerbel

Congregation Etz Chaim

Prayer for families of servicemembers

Dr. Gerald Durley

Senior Pastor, Providence Missionary Baptist Church

60 Years Ago...

During the Summer of '45...

In the closing days of World War II, the leaders of the “Big Three” nations, - President Harry Truman of the United States, Joseph Stalin of the Soviet Union, and recently elected Prime Minister Clement Atlee of the United Kingdom, - met in Potsdam to discuss what would happen in post-war Europe and in the Pacific.

Held between July 17th and August 2nd, 1945, the conference at Potsdam served several important purposes: it tied up debate regarding Allied occupation of Germany, reparations the

defeated nations would be expected to pay, and the expectation of the United States for the Soviet Union to join its fight in the Pacific.

On July 26, 1945, the Potsdam Declaration was issued by the conference participants.

This declaration was an ultimatum calling for the Japanese unconditional surrender. It also foreshadowed the United States’ intent to use its secret weapon – the atomic bomb.

The Potsdam Conference set up many important arrangements for the post-war restructuring of Germany and Eastern Europe. There were many problems with its implementation, however. The subsequent outbreak of the Cold War precluded Soviet and American agreement and cooperation in the reconstruction of Germany.

Ultimately, the promise made to the Japanese at the conference was implemented, and the atomic age began shortly thereafter...

Quick Facts about WW II Veterans

- ❖ **16.5** million men and women served from 1940 to 1947.
- ❖ Approximately **407,000** men and women died in service.
- ❖ Approximately **130,201** were POWs (14,072 died).
- ❖ **One Third** of all males 15 years and older served.
- ❖ **73 percent** of all personnel served overseas.
- ❖ **464** World War II Medals of Honor were awarded.
- ❖ In 2003 the median age of World War II veteran was **80.1** years.

...On August 6, 1945

- | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2:00 a.m. | The Enola Gay flown by Col. Paul Warfield Tibbets, Jr. carrying the atomic bomb “Little Boy,” begins its long flight from Tinian. Two observation planes carrying cameras and scientific instruments follow. |
| 6:00 a.m. | The uranium based bomb is fully armed and Col. Tibbets announces to the crew that the plane is carrying the world’s first atomic bomb. |
| 7:00 a.m. | Japanese radar detects the aircraft heading toward Japan, and an alert is broadcast throughout the Hiroshima area. Soon, a U.S. weather plane circles over the city, but there is no sign of bombers. |
| 7:25 a.m. | The Enola Gay, at 26,000 feet cruises over Hiroshima |
| 8:00 a.m. | Japanese radar detects two B-29s. Radio stations quickly broadcast a warning for people to take shelter. Many do not abide. |
| 8:09 a.m. | The crew of the Enola Gay confirms the city below as Hiroshima and receives a message that the weather is good. |
| 8:16 a.m. | The bomb is released. |

Note: Three days later, August 9th, a 10,800 pound Plutonium-based bomb was dropped over the city of Nagasaki. Japan formally surrendered six days later.

Scholarship Opportunities for Georgia Veterans and their Dependents

There are a number of excellent scholarships and educational assistance programs currently available in Georgia for those who are legal residents. While not specifically identified for veterans only, these programs are available to them and their dependents.

State Education Programs (Residency required for some programs)

The Georgia HOPE Scholarship and Grant Program

Provides scholarships and grants to recent high school graduates and non-traditional students attending public and approved private institutions in Georgia.

The Governor's Scholarship

Assist students selected as Georgia Scholars, STAR Students, valedictorians and salutatorians (maximum \$1,575).

The PROMISE Teacher Scholarships and HOPE Teachers Scholarships

Awards a maximum \$3,000 for undergraduate study; graduate level awards vary. These programs assist undergraduate and graduate students majoring in education and concentrating in a critical education field.

The Georgia Tuition Equalization Grant (CTEG)

Provides non-repayable funds (maximum \$1,100) to Georgia residents attending approved private institutions in Georgia.

The Scholarship for Engineering Education (SEE)

Provides service-cancelable loans to engineering students.

The Regents Scholarship

Assist academically outstanding students who need assistance in paying educational expenses (maximum \$1,000).

Federal Programs (No Georgia Residency requirement unless indicated)

The Federal Pell Grant

Provides non-repayable funds to students for educational expenses. The academic year maximum for this is \$3,750.

The Leveraging Educational Assistance Partnership (LEAP)

Grants non-repayable funds to students for educational expenses. The academic year maximum for this program is \$2000. Georgia residency required.

The Federal Supplement Education Opportunity Grant (SEOG)

Provides non-repayable funds to students for educational expenses. The academic year maximum for this program varies.

The Federal College Work-Study Program

Designed to provide jobs for students who must earn part of their educational expenses. The academic year maximum varies.

The Federal Perkins Loan

Provides low-interest repayable funds to students for educational expenses. The academic year maximum varies.

Federal Stafford Loan: A Federal Family Education Loan Program (FFELP)

Grants low-interest repayable funds to students for educational expenses. The academic year maximum varies.

Federal Direct Loans: Stafford Loan and Plus Loan

Provides low-interest repayable funds to students and parents for educational expenses.

For additional information contact the Georgia Student Finance Commission at (770) 724-9000; toll free at 1-800-546-HOPE; or www.gsfc.org.

NOTE: If a veteran is rated as service connected 100% disabled by the VA, educational benefits under Chapter 35, Title 38, US Code should be available to his/her dependents. For additional information about VA educational benefits veterans and/or their dependents are encourage to call (404) 656-2306 or email saaga@mindspring.com.

Georgia Department of Veterans Service
Floyd Veterans Memorial Building E-970
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